



The New York State Council for Community Behavioral Healthcare is a statewide nonprofit membership association representing the interests of 100 mental health and substance use / addictions prevention, treatment and recovery agencies. NYS Council members operate a broad array of behavioral healthcare programs and services in settings including freestanding community agencies, general hospitals and counties across New York.

## 2016 BUDGET AND LEGISLATIVE PRIORITIES

### SUPPORT

The Governor's proposed budget includes ***\$7.5 million in new funding to establish six new children's mental health services in the state's Medicaid program.*** These include: Crisis Intervention; Community Psychiatric Support and Treatment; Psychosocial Rehabilitation Services; Non-physician Licensed Practitioners; Family Peer Support Services; and Youth Peer Training and Support Services. These services will place an emphasis on early intervention and are essential to help identify issues before they reach the level of needing higher intensity care. *The NYS Council strongly supports this funding and encourages the Legislature to support it as well.*

### SUPPORT

Support the Governor's proposal to **continue the exemption of our sector from Social Work Licensing Law requirements.** Without this extension of our exemption, the implementation of the Law will significantly disrupt implementation and continued success of DSRIP projects upon which vulnerable New Yorkers will depend for high quality care in communities across New York.

### SUPPORT

We strongly support the Executive **proposal to partner with CVS/pharmacy to provide individual training and naloxone statewide to their customers without requiring a prescription.** The proposal would add 1,000 pharmacies to the NYSDOH Opioid Overdose Prevention program in 2016 and the Governor plans to introduce legislation permitting any pharmacist to administer naloxone (Narcan) in the event of an overdose.

## SUPPORT

New York State currently participates in presumptive eligibility programs for finding and enrolling uninsured children. This allows them to access Medicaid without having to wait for their application to be fully processed. *The NYS Council supports a similar eligibility program for uninsured individuals discharged from psychiatric centers, jails, and prisons. This initiative increases continuity of care for individuals departing correctional settings and will yield significant savings for the state in terms of decreasing recidivism rates associated with wait times for healthcare and treatment services upon departing these settings.*

## OPPOSE

*We ask that the Legislature again oppose the Executive proposal to eliminate the provision that guarantees that the prescriber of a prescription drug has the final say as to whether a person gets what was prescribed.* This would have a detrimental impact on people with disabilities including psychiatric disabilities, as well as anyone else who relies on specific prescription drugs and drug combinations.

## SPECIFIC BUDGET REQUESTS

*-Restore the proposed \$10 million decrease in SOMH/OASAS Managed Care Readiness Funds (Transformation and Readiness Funds) and because none of the original funding was dedicated to children's start-up or transition, funds should be directed to children's behavioral health IT and new service capacity building (including training and credentialing staff).*

*-Executive Budget proposes restructuring \$200M of the Health Care Facility Transformation Program appropriated in last year's budget and making \$195M of this available to health care providers for facility transformation. **This funding must be made available to all health care sectors and a minimum amount of 25% be allocated to community healthcare providers, including behavioral health, FQHCs, family planning, and home health providers, to support their ongoing participation in transformation efforts.***

*-Last year's budget included a \$355M "Essential Health Care Provider Fund" to "support debt retirements and capital projects or non-capital projects that facilitate health care transformation, including mergers, consolidation, acquisition or other significant corporate restructuring. **The NYS Council requests that the legislature establish a new \$88.5M funding pool, the Essential Community Healthcare Provider Fund, to be only available to community healthcare providers, including behavioral health.*** Earmarking \$88.5M in capital and working capital funding for community healthcare providers, an amount equal to twenty-five percent of the \$355M Essential Health Provider Fund appropriated in last year's budget, would ensure that community healthcare providers, including our member behavioral health providers, have access to funding to support capital and working capital projects necessary for successful transformation.

## **WE NEED YOUR ASSISTANCE**

### **MANAGED CARE TRANSITION**

Oversight of MCO issues (contract language, network adequacy, evidence based practices, monthly reporting, access, payment, denials, evidence of maintenance of effort) needs to be a top priority of all lawmakers. With respect to the behavioral health transition, day-to-day oversight should rest with OMH and OASAS. These State agencies, using their comprehensive understanding of behavioral systems, have a long history of working with safety net providers and high needs consumers. Vesting them with authority over behavioral health matters would give providers and consumers/clients a needed level of comfort and stability and uphold elevated standards of care.

### **OPIOID/HEROIN CRISIS**

The NYS Council recommends the following efforts to help combat the crisis:

- A mandate for a minimum of four hours of training for healthcare providers regarding judicious pain management prescribing practices and appropriate use of opiates for pain management.
- Additional residential beds added to the system. These beds are required around the state to help individuals facing addiction to work toward recovery.
- Expand resources to support drug courts—one of the most highly effective tools for keeping individuals with serious SUD involved in treatment.
- Medication Assisted Treatment: Apply for an emergency waiver to allow mid-level practitioners to prescribe Suboxone.

### **SUBSTANCE ABUSE PREVENTION**

The NYS Council supports increasing prevention efforts that target young people before they begin using substances. In addition, we support providing treatment services to intervene as early as possible when young people begin using. Specific suggestions for ways to accomplish this include:

- Provide training for parents on opiate use prevention.
- Provide funding to provide Community-Based Early Intervention Services to high-risk youth already experimenting with or actively using drugs.
- Increase and expand educational campaigns that warn against non-prescription use of opioids and K2.

### **UNCOMPENSATED CARE FUNDING**

The behavioral health portion of the Uncompensated Care/Indigent Care Pool has not yet been distributed to impacted providers for 2015 services rendered. This creates an unnecessary hardship for these providers. *We ask that the State allocate funding to pay those behavioral health providers what is due to them.* And, we do not believe this funding should come from any already reserved funding earmarked for managed care readiness activities.

## MINIMUM WAGE

We support the proposal to raise the Minimum Wage over the next 4 years. However unless state government allocates additional funding for community providers, which includes our behavioral health members, to allow them to continue the good work they do while also employing a competent workforce at the wage levels they deserve our ability to continue to serve vulnerable New Yorkers is in jeopardy.